

FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at (406) 444-5924
If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)

NON-DPHHS EMPLOYEE SYSTEM/FILE ACCESS REQUEST

LEGAL Name of Individual Requiring Access: _____
(Please Print) First MI Last

Logon ID: _____ Create Logon ID: ☐

Start Date: _____

Employed with DPHHS before: ☐

Transferring from another DPHHS Division: ☐

Other Name(s) Used (Maiden or previous married name) _____

Employer: _____ Work Phone: _____

Work Address: _____ County: _____

Job Title: _____

E-mail Address: _____

DPHHS Positions Only:

Need Computer: ☐

Accessories: Dual Video: ☐

Ergonomic Keyboard: ☐

Please list access requested here: C# for imMTrax Read Only with Consent

Justification (Give a brief description as to why access is needed): Document Consent and View Records

CONFIDENTIALITY/CONSENT STATEMENT: (To be read and signed by the individual requiring access.)

I hereby certify that I am entitled to the confidential client information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for whose purposes it was originally provided. Further release of this information may only be done upon authorization by the client whose privacy interest is involved or it may be released to others if specifically permitted by law. I understand that a violation of this policy may subject me to disciplinary action by my employer and may result in termination of my employer's contract with DPHHS.

I have read the DPHHS Internet Policy and the State of Montana's Computer Use Policies and I agree to comply with all terms and conditions.

- DPHHS Internet, Intranet & E-Mail Acceptable Use Policy: <http://www.dphhs.mt.gov/tsc/internetintranetpolicy.shtml>
- Information Security & Data Access: <http://www.dphhs.mt.gov/publications/informationsecuritypolicy08022004.pdf>
- State of Montana's Computer Use Policies: <https://montana.policytech.com/docview/?docid=221&public=true>

I agree that all network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana. I understand that the State and Department reserve the right to monitor and log all network activity including E-mail and Internet use, with or without notice, and therefore, I should have no expectations of privacy in the use of these resources.

Signature of Employee: _____ Date: _____

Supervisor: Access for this individual is allowed for six months. I realize I will have to contact the DPHHS Security Officer if this employee needs access beyond the six months. I understand that it is my responsibility to inform the DPHHS Security Officer immediately when this employee terminates or no longer needs access.

Print Name of Supervisor: _____ Phone: _____

Signature of Supervisor: _____ Date: _____

Data Owner: _____ Date: _____

DPHHS Security Officer: _____ Date: _____